Health, & Welfare Public Service

6. 300
1-57

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43144
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Marshall RFD#4 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosptial — Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 4 miles north of Marshall — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Matthew	Middle: Simon	Last: Riley	4. DATE OF DEATH Month Day Year: Dec. 6, 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Feb. 6, 1881	9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and state or country): Shelbina, Missouri	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: Michael Roger Riley	13b. MOTHER'S MAIDEN NAME: Julia Daisey	14. NAME OF HUSBAND OR WIFE: ----------		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Russell Riley	Address: Marshall, Mo. RFD#4	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Massive Coronary Occlusion — 5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 5 yrs.

DUE TO (c) Generalized Arteriosclerosis — 15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (a): Previous Coronary Thrombosis 2 yr

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 29 oct 57, to 6 Dec 57 and last saw her/him alive on 5 Dec 57. Death occurred at 5:45 am. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lee McCorkle	(Degree or title): M.D.	22b. ADDRESS: Marshall Mo	22c. DATE SIGNED: 8 Dec 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-8-57	23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens	23d. LOCATION (City, town, or county) (State): Marshall, Mo.
24. FUNERAL DIRECTOR: Campbell-Lewis	ADDRESS: Marshall, Mo.	25. DATE RECD. BY LOCAL REG.: 12-8-57	26. REGISTRAR'S SIGNATURE: Cecil D. Reed

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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NOV 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed R.W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.